

The demand must be filed directly with the one chosen by the applicant. The full name

International Preliminary Examining Authority or, if two or more Authorities are competent, with the letter code of that Authority may be indicated by the applicant in the line below:

IPEA/ _____

PCT DEMAND

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated)

For international Preliminary Examining Authority use only _____

Identification of IPEA	Date of receipt of DEMAND
------------------------	---------------------------

Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agents file reference DAB:FP18328
International application No. PCT/AU03/01118	International filing date (day/month/year) 29 August 2003	(Earliest) Priority date (day/month/year) 30 August 2002

Title of the invention
METHODS FOR THE CHEMICAL AND PHYSICAL MODIFICATION OF NANOTUBES, METHODS FOR LINKING THE NANOTUBES, METHODS FOR THE DIRECTED POSITIONING OF NANOTUBES, AND USES THEREOF

Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) NOTE COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION Limestone Avenue Campbell, Australian Capital Territory 2612 AUSTRALIA	Telephone No.
	Facsimile No.
	Teleprinter No.
State (that is, country) of nationality: AUSTRALIA	State (that is, country) of residence: AUSTRALIA

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)
MCCALL, Maxine
125 Charles Street
Putney, New South Wales 2112
AUSTRALIA

State (that is, country) of nationality: AUSTRALIA	State (that is, country) of residence: AUSTRALIA
---	---

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)
MOGHADDAM, Minoo
39 Elva Avenue
Killara, New South Wales 2071
AUSTRALIA

State (that is, country) of nationality: AUSTRALIA	State (that is, country) of residence: AUSTRALIA
---	---

☐ Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation.
 The address must include postal code and name of country)

Debbie Beadle
 Griffith Hack
 509 ST KILDA ROAD
 MELBOURNE VIC 3004

Telephone No.

+61 3 9243 8300

Facsimile No.

+61 3 9243 8333

Teleprinter No.

☐ **Address for correspondence:** Mark this checkbox where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments***

1. The applicant wishes the international preliminary examination to start on the basis of:
☒ The international application as originally filed
 The description ☐ as originally filed
 ☐ as amended under Article 34
 the claims ☐ as originally filed
 ☐ as amended under Article 19 (together with any accompanying statement)
 ☐ as amended under Article 34
 the drawings ☐ as originally filed
 ☐ as amended under Article 34
2. ☐ The applicant wishes any amendment to the claim under Article 19 to be considered reversed.
3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This checkbox may be marked only where the limit under Article 19 has not yet expired).

* Where no checkbox is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purpose of international preliminary examination: ENGLISH

- ☒ which is the language in which the international application is filed
☐ which is the language of a translation furnished for the purposes in international search
☐ which is the language of publication of the international application
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible states (that is, all states which have been designated and which are bound by chapter II of the PCT)
 Excluding the following states which the applicant does not wish to elect:

Box no. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

For International Preliminary
Examining Authority use only

received not received

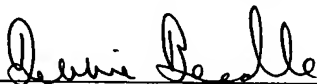
- | | |
|--|--------|
| 1. translation of international application: | sheets |
| 2. amendments under Article 34: | sheets |
| 3. copy (or where required, translation) of amendments under Article 19: | sheets |
| 4. copy (or where required, translation) of statement under Article 19: | sheets |
| 5. letter: | sheets |
| 6. other (<i>specify</i>): | sheets |

The demand is accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 6. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)



Signature
DEBBIE BEADLE
GRIFFITH HACK
509 ST KILDA ROAD,
MELBOURNE VICTORIA 3004
AUSTRALIA

23/3/07

Date

For International Preliminary Examining Authority use only

- | | |
|--|--|
| 1. Date of actual receipt of DEMAND: | |
| 2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b): | |
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply | <input type="checkbox"/> The applicant has been informed accordingly |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of rule 80.5 | |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | |

Demand received from IPEA on:

For International Bureau use only

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/AU03/01118	For International Preliminary Examining Authority use only			
Applicant's or Agent's file reference DAB:FP18328	Date stamp of the IPEA			
Applicant COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION				
Calculation of prescribed fees				
1. Preliminary examination fee	\$550	P		
2. Handling fee (<i>Applicants from certain states are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25 of the handling fee.</i>)	\$218	H		
3. Total prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">\$768</td> </tr> <tr> <td style="padding: 5px;">TOTAL</td> </tr> </table>		\$768	TOTAL
\$768				
TOTAL				
Mode of Payment				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below) </div> <div> <input type="checkbox"/> cash </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> cheque </div> <div> <input type="checkbox"/> revenue stamps </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> postal money order </div> <div> <input type="checkbox"/> coupons </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> bank draft </div> <div> <input type="checkbox"/> other (specify): </div> </div>				
Deposit Account Authorisation (<i>this mode of payment may not be available at all IPEA's</i>)				
The IPEA/ _____				
<input type="checkbox"/> is hereby authorised to charge the total fees indicated above to my deposit account				
<input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) is hereby authorised to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account				
Deposit account number	Date (day/month/year)	Signature		